## EXTENDED FAMILY PLANNING COUNSELING (Provided Only at Time of Post Partum Visit)

		Medicaid #	
			Chart or UMR#
N	OTE: ONE OF THE TWO COUNSELIN	IG SECTIONS BELOW <u>MUST</u> BE COMPLET	ED
Fa	amily Planning Counseling Using PT + 3	Teaching Method (Initial Here):	
Alt	ternative Family Planning Counseling - I	Initial Each Blank Below As Completed (minim a minimum) must be discussed and documente	um of 10 min. face- ed:
1.	Age:	No. of pregnancies:	
2.		otion of birth control:	
3.		to pregnancy):	
		ethod:	
		Why?	
4.		Depo-ProveraSpermicides	
	Tubal ligationNorplantIUD_	Natural(Explain methods which are	unfamiliar to patient)
5.	Chosen method of birth control/supplie	es issued/prescription:	
		(Circle One Above)	
6.	Briefly describe instructions given regarding importance of correct, consistent, and careful use of		
	contraception for maximum effectiveness:How to use chosen method		
7.	Briefly describe instructions given regarding possible side effects/adverse reactions:		
		o/emergencyContracep. literature (	
8.		estyle? Explain:	
		discussion:	
		to determine if chosen method was obtained in	
		esignated as the chosen method. Assist patier	it with consent
for	ms and appointments, as needed.		
11.	. Schedule appointment (explain frequer	ncy of revisit):	
		Counselor's Signature	Date

Form 328 Revised 10/14/97

<sup>\*</sup>These are **EXTENDED COUNSELING SERVICES** provided in addition to the routine family planning service required during a post partum visit.